

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 10 AM 9: 35

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability	
	amily Nutrition Enterprise, LLC
The complete street and mailin	g addresses of the initial designated/principal office:
676 Pull	lman Road, No. , Moscow, ID 83843
(Street Address)	
(Mailing Address, if different than street add	ress)
The name and complete street	address of the registered agent:
John P. Mix	676 Pullman Road, No.359, Moscow, ID 83843
(Name)	(Street Address)
company: <u>Name</u>	Address  Address  Address
John P. Mix	676 Pullman Road, No.259, Moscow, ID 83843
Mailing address for future corr	respondence (annual report notices):
676 Pul	llman Road, No. <del>3≲</del> 7, Moscow, ID 83843
. Future effective date of filing (	(optional):
ignature of organizer(s). (An organ	izer is a member, or is
ting in behalf of a member or member	
anhi-	
ignature X	841.
yped Name: John P.	<u> </u>
	IDAHO SECRETARY
ignature	CK: 1681 CT: 231282
wood Name:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

